

# WATER-BASED FIRE PROTECTION SYSTEM

## Acceptance Inspection/Test Request

Fairfax County Fire Marshal's Office, Fire Protection Systems Branch, 12099 Government Center Pkwy, 3<sup>rd</sup> Floor, Fairfax, VA 22035  
Phone - 703-246-4821, TTY 711, Fax - 703-246-6041

Permit / AP # \_\_\_\_\_ Review ID old system only \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company: \_\_\_\_\_ Phone No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Requesters Name: \_\_\_\_\_ Fax No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Email Address: \_\_\_\_\_

Project Address: \_\_\_\_\_ Building: \_\_\_\_\_ Floor / Suite: \_\_\_\_\_  
Tenant Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

Completion / Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Options: \_\_\_\_\_ Time Requested: ☐ AM ☐ PM

- ☐ 15-Minute Inspection
- ☐ 30-Minute Inspection
- ☐ 45-Minute Inspection

### Estimated Inspection Time Check one

- ☐ 1-Hour inspection with 1-inspector
- ☐ 2-Hour inspection with 1-inspector
- ☐ 2-Hour inspection with 2-inspectors
- ☐ 4+ hour inspection with 2-inspectors
- ☐ Overtime Inspection

### Type Test Check One

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> UG Visual <i>*(check below)</i>                | <input type="checkbox"/> Standpipe Hydro       | <input type="checkbox"/> Main Drain Test   |
| <input type="checkbox"/> UG Visual & Hydro <i>*(check below)</i>        | <input type="checkbox"/> FDC Hydro             | <input type="checkbox"/> Sprinkler Visual  |
| <input type="checkbox"/> UG Hydro <i>*(check below)</i>                 | <input type="checkbox"/> Bulk Pipe Hydro       | <input type="checkbox"/> Final Walk        |
| <input type="checkbox"/> UG Hydro & Flush <i>*(check below)</i>         | <input type="checkbox"/> Fire Pump Test        | <input type="checkbox"/> 15-minute Hydro   |
| <input type="checkbox"/> UG Flush <i>*(check below)</i>                 | <input type="checkbox"/> Trip Test             | <input type="checkbox"/> 13-R Booster Pump |
| <input type="checkbox"/> UG Visual, Hydro & Flush <i>*(check below)</i> | <input type="checkbox"/> Standpipe Flow/ Flush | <input type="checkbox"/> Preaction         |
| <input type="checkbox"/> Sprinkler Hydro                                | <input type="checkbox"/> 24-Hour Air Test      |  |
| <input type="checkbox"/> Other _____                                    |  |  |

### \* Check portion of UG Fireline to be inspected

- ☐ Portion of UG Fireline from street valve to five feet outside building.
- ☐ Portion of UG Fireline from five feet outside building to first flange inside.
- ☐ Entire UG Fireline from street valve to first flange inside building.

Scheduled Test Date \_\_\_\_/\_\_\_\_/ 20 \_\_\_\_ @ \_\_\_\_\_ or will call with a 2-hour time frame  
Inspector \_\_\_\_/\_\_\_\_ Scheduled by Inspector \_\_\_\_\_